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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*none ASC*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*none ASC*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 01/25/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Examiner's Signature</i> <i>ASC</i> Initials	STATE OR COUNTRY NY	SHEETS DRAWING 11	TOTAL CLAIMS <i>10</i>	INDEPENDENT CLAIMS <i>4</i>
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ADDRESS  
 48175  
 BMT/IBM  
 FIVE ELM STREET  
 NEW CANAAN, CT  
 06840

TITLE  
 Healthcare personal area identification network method and system

FILING FEE RECEIVED 1744	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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